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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 03/29/2000 09/538,380 Jennie Ching 1503P/BC999068 6677

TITLE OF INVENTION: METHOD AND SYSTEM FOR MANAGING SUBSYSTEM PROCESSES IN A DMD SYSTEM

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APPLN, TYPE	SMALL ENTITY	ISSUE F	EE PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	МО	\$1400)	\$0	\$1400	10/11/2005			
EXAMINER		ART UNIT		CLASS-SUBCLASS]				
ALI, SYED J 2				718-100000					
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN International	NEE l Business Mach	Correspondence ation form e of a Customer BE PRINTED ON 1 elow, no assignee of this form is NO (B	(1) the nor agents (2) the nor agents (2) the nor registered 2 register listed, no rHE PATEN data will ap IT a substitute to RESIDEN	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO	a member a less of up to no name is 3 less identified below, the lew York				
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Authorized Signature Typed or printed name _	Soseph A. Sar	cy wyer, Jr.	M		ctober 5, 2005				

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TRANSMITTAL FORM

Attorney Docket No.

BC9-99-068/1503P

In re the application Jennie CHING, et al/

Serial No: 09/538,380

Filed: March 29, 2000



Confirmation No: 6677

Group Art Unit: 2195

Examiner: Ali, Syed J.

For: METHOD AND SYSTEM FOR MANAGING SUBSYSTEM PROCESSES IN A DMD SYSTEM

ENCLOSURES (check all that apply)												
	Amendment/Reply				Assignment and Re Cover Sheet		After Allowance Communication to Group					
		After Final	nal		Part B-Issue Fee Transmittal			Appeal Communication to Board of Appeals and Interferences				
Information disclosure statement				Letter to Draftsman		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)						
		Form 1449	n 1449		Sheets Replacement Drwgs			Status Letter				
		(X) Copies	of References		Petition			Postcard				
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	Inventor(s) from to .											
					CLAIMS		1					
	FOR Claims Remain			Highest # of Claims Previously Paid For	Extra Claims		RATE	FEE				
Total	Claims 0		0_		0	0 0		\$50.00	\$ 0.00			
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